

JAN. 11. 2007 1:07PM

RBL ASSOCIATES INC

NO. 171 P. 1

RBL ASSOCIATES, INC.

Insurance Services
205 Lexington Avenue, New York, NY 10016 * (212) 532-0400 * fax (212) 532-0838
e-mail: tfischetti@rbla.com

FACSIMILE TRANSMITTAL

of Pages: 7

Date: 1/11/2007

To: Mary Anne Minerva
Inc. Village of Ocean Beach

From: Tony Fischetti

Re: Claims

RECEIVED

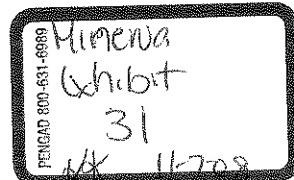
INC. VILLAGE OF OCEAN BEACH
2006

MaryAnne,

The attached are copies of loss notices we originally sent to insurance carriers for claims involving the police department.

I hope this helps.

Regards,



010177

PRODUCER ACURUS		GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM		NO. 171 P. 5		DATE (MM/DD/YY) 09/21/2005	
RBL Associates, Inc. 352 Park Avenue South 11th Floor New York, NY 10010 CODE: SUB CODE: AGENCY: 00000589 CUSTOMER ID:		NOTICE OF OCCURRENCE NOTICE OF CLAIM EFFECTIVE DATE 07/05/2005 COMPANY St. Paul Fire & Marine In		DATE OF OCCURRENCE AND TIME 03/27/2005 03:30 AM		PREVIOUSLY REPORTED YES : NO	
				EXPIRATION DATE 07/05/2006		POLICY TYPE X OCCURRENCE CLAIMS MADE	
						RETROACTIVE DATE	
						MISCELLANEOUS INFO (Site & location code)	
						REFERENCE NUMBER GP09312724	
INSURED NAME AND ADDRESS Inc. Village of Ocean Beach P O Box 457 Ocean Beach, NY 11770-0457		CONTACT PERSON NAME AND ADDRESS Mary Anne Minerva		CONTACT INSURED		WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No.) (631) 583-5940		RESIDENCE PHONE (A/C, No.)		BUSINESS PHONE (A/C, No., Ext.) (631) 583-5940		WHEN TO CONTACT	
OCCURRENCE LOCATION OF OCCURRENCE (Include city & state) Ocean Beach Police Dept., Baywalk, Ocean Beach, NY 11770-0457						AUTHORITY CONTACTED	
DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary) Claimant states that he was ticketed for littering. He allegedly slammed the station door and the police assaulted him.							
POLICY INFORMATION COVERAGE PART OR GL PUBLIC OFFICIAL POLICE PROF. ETC. FORMS (insert form No. and edition date)							
GENERAL AGGREGATE 2,000,000		PRODCOMP OR AGG 1,000,000		PERS & ADV INJ		EACH OCCURRENCE	
FIRE DAMAGE		MEDICAL EXPENSE		DEDUCTIBLE		PO 5,000 BI	
UMBRELLA/ EXCESS		CARRIER:		LIMITS:		PER CLAIM PER OCUR	
TYPE OF LIABILITY PREMISES: INSURED IS OWNER TENANT OTHER OWNER'S NAME & ADDRESS (If not insured)							
TYPE OF PREMISES OWNER'S PHONE (A/C, No., Ext.)							
PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER						TYPE OF PRODUCT MANUFACT PHONE (A/C, No., Ext.)	
MANUFACTURER'S NAME & ADDRESS (If not insured)							
WHERE CAN PRODUCT BE SEEN? OTHER LIABILITY INCLUDING COMPETED OPERATIONS (explain)							
INJURED PROPERTY/DAMAGED PROPERTY NAME & ADDRESS Samuel Gilberd (Injured/Owner)						PHONE (A/C, No., Ext.)	
AGE SEX OCCUPATION		EMPLOYER'S NAME & ADDRESS				PHONE (A/C, No., Ext.)	
DESCRIBE INJURY FATALITY				WHERE TAKEN		WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY (Type, model, etc.) ruptured bladder, internal inj., head inj etc		ESTIMATE AMOUNT 1 inj., head inj etc		WHERE CAN PROPERTY BE SEEN?		WHEN CAN PROPERTY BE SEEN?	
WITNESSES NAME & ADDRESS BUSINESS PHONE (A/C, No., Ext.) RESIDENCE PHONE (A/C, No.)							
REMARKS See attached notice of claim.							
REPORTED BY Insured		REPORTED TO Tracey T Young		SIGNATURE OF PRODUCER OR INSURED RBL Comm'l Accts.			
ACORD 3.5 REV 03/03 NOTICE OF OCCURRENCE IMPORTANT STATE INFORMATION ON REVERSE SIDE ACORD CORPORATION 3933							

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JAN. 11, 2007 1:08PM		RBL ASSOCIATES INC.	NO. 171	P. 6
ACURIL® GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM				
PRODUCER PHONE (A/C, No, Ext) (212) 532-0400 FAX (212) 532-0838		NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME 04/02/2006 AM	DATE OF CLAIM DATE (MM/DD/YY) 07/18/2006	PREVIOUSLY REPORTED YES NO
RBL Associates, Inc. 205 Lexington Avenue 18th Floor New York, NY 10016		EFFECTIVE DATE 07/05/2005	EXPIRATION DATE 07/05/2006 X OCCURRENCE	POLICY TYPE CLAIMS MADE
CODE: AGENCY: CUSTOMER ID: 00000589		COMPANY St. Paul Fire & Marine In	MISCELLANEOUS INFO (Site & location code) :23 pages	
INSURED NAME AND ADDRESS Inc. Village of Ocean Beach P O Box 457 Ocean Beach, NY 11770-0457		CONTACT NAME AND ADDRESS Mary Anne Minerva	CONTACT INSURED WHERE TO CONTACT WHEN TO CONTACT	
RESIDENCE PHONE (A/C, No) (631) 583-5940		BUSINESS PHONE (A/C, No, Ext) (631) 583-5940	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
OCCURRENCE LOCATION OF OCCURRENCE (include city & state) P O Box 457, Ocean Beach, NY 11770-0457				
DESCRIPTION OF OCCURRENCE Various claimant's alleging the following: unlawful termination, unlawful conduct (covering up assaults by other officers), violation of law, defamatory statements, etc. <small>(Use reverse side, if necessary)</small>				
AUTHORITY CONTACTED				
POLICY INFORMATION COVERAGE PART OR FORM (insert form #s and edition dates) Employment practices limit/2million agg 25,000 ded.				
GENERAL AGGREGATE: PRODICOMP OP ASG PERS & ADV INJ EACH OCCURRENCE FIRE DAMAGE MEDICAL EXPENSE DEDUCTIBLE PD BI 2,000,000 Pub.Off & PolicePro 1,000,000 5,000				
UMBRELLA/EXCESS: X UMBRELLA EXCESS CARRIER: St. Paul Travelers 10,000 ret. LIMITS: 3,000,000 PER CLAIM PER OCCUR				
TYPE OF LIABILITY PREMISES: INSURED IS OWNER TENANT OTHER TYPE OF PREMISES OWNER'S NAME & ADDRESS (if not insured)				
PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER TYPE OF PRODUCT MANUFACTURER'S NAME & ADDRESS (if not insured)				
WHERE CAN PRODUCT BE SEEN? OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)				
INJURED PROPERTY/DAMAGED PROPERTY NAMES & ADDRESS (Injured/Owner) Joseph Nofel, Edward Carter, Thomas Snyder, Kevin Lamm & Frank Fiorillo				
AGE SEX OCCUPATION		EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext) PHONE (A/C, No, Ext)	
DESCRIBE INJURY		WHERE TAKEN	WHAT WAS INJURED DOING?	
FATALITY DESCRIBE PROPERTY (Type, model, etc)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	
WITNESSES NAME & ADDRESS BUSINESS PHONE (A/C, No, Ext) RESIDENCE PHONE (A/C, No)				
REMARKS Please see attached Notices of claim and handle asap.				
REPORTED BY Insured		REPORTED TO Tracey T Young	SIGNATURE OF PRODUCER OR INSURED RBL Comm'l Accts.	
<small>ACORD 3.5 (2004) PLEASE READ THIS FORM CAREFULLY. NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE.</small>				

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JAN. 11, 2007 1:08PM		RBL ASSOCIATES INC.	NO. 171 P.	DATE (MM/DD/YY) 11/16/2006	
ACUROR GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM					
PRODUCER PHONE (A/C, No, Ext) (212) 532-0400 FAX (212) 532-0838 RBL Associates, Inc. 205 Lexington Avenue 18th Floor New York, NY 10016		NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME 108/25/2006 NOTICE OF CLAIM EFFECTIVE DATE 07/05/2006 EXPIRATION DATE 07/05/2007 COMPANY St. Paul Fire & Marine Ins.	AM PM POLICY TYPE OCCURRENCE CLAIMS MADE MISCELLANEOUS INFO (Site & location code)	PREVIOUSLY REPORTED YES NO RETROACTIVE DATE	
CODE: AGENCY CUSTOMER ID: 00000589		POLICY NUMBER CP09312724	REFERENCE NUMBER		
INSURED NAME AND ADDRESS Inc. Village of Ocean Beach P O Box 457 Ocean Beach, NY 11770-0457		CONTACT NAME AND ADDRESS Mary Anne Minerva	CONTACT INSURED WHERE TO CONTACT WHEN TO CONTACT		
RESIDENCE PHONE (A/C, No) (631) 583-5940		BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext)		
OCCURRENCE LOCATION OF OCCURRENCE P O Box 457, Ocean Beach, NY 11770-0457					AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE Claimant alleges the following: fabrication of criminal charges, false arrest and malicious prosecution. <small>(Use reverse side, if necessary)</small>					
POLICY INFORMATION COVERAGE PART OR FORMS (Insert form #s and edition dates)					
GENERAL AGGREGATE 2,000,000	PROD/COMP OP AGG PERS & ADV INJU	EACH OCCURRENCE 1,000,000	FIRE DAMAGE	MEDICAL EXPENSE	DEDUCTIBLE PD BI
UMBRELLA EXCESS	UMBRELLA	EXCESS	CARRIER	LIMITS PER CLAIM PER OCCUR	
TYPE OF LIABILITY PREMISES: INSURED IS OWNER TENANT OTHER:					TYPE OF PREMISES
OWNER'S NAME & ADDRESS <small>(If not insured)</small>					OWNER'S PHONE (A/C, No, Ext)
PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER:					TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS <small>(If not insured)</small>					MANUFACTURER'S PHONE (A/C, No, Ext)
WHERE CAN PRODUCT BE SEEN?					
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)					
INJURED PROPERTY DAMAGED NAME & ADDRESS Harriet Belize					PHONE (A/C, No, Ext)
AGE 65	SEX F	OCCUPATION EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext)		
DESCRIBE INJURY			WHERE TAKEN	WHAT WAS INJURED DOING?	
FATALITY			PHONE (A/C, No, Ext)		
DESCRIBE PROPERTY <small>(Type, model, etc.)</small>			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
WITNESSES NAME & ADDRESS Tracey T Young					
BUSINESS PHONE (A/C, No, Ext) : RESIDENCE PHONE (A/C, No)					
REMARKS See attached notice of claim					
REPORTED BY INSURED			REPORTED TO Tracey T Young		SIGNATURE OF PRODUCER OR INSURED RBL Comm'l Accts.
<small>ACUROR 2007 RELEASE OF LIABILITY AGREEMENT STATE INFORMATION (UNREVERSE SIDE)</small>					

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